

Y-ME ShareRing Network
"Healing After Breast Cancer Treatment"

Arline Kallick: Hello everyone and we're happy to have you with us this evening. Our call will begin with tonight's speaker, followed by a question and answer session and then end with small group discussions; and please consider that there are many waiting on line to ask a question so try to limit your question to one per caller. Remember, that this is cannot be a private consultation. If we go into the group before you have the opportunity to ask your question, you can address it in the group; call the Y-ME 24-hour Hotline at 800-221-2141. Our Web site is www.y-me.org. Registration for the ShareRing calls can be done online and transcripts of each ShareRing call will be available in approximately five days following the call.

Tonight's speaker is Dr. Julie Silver. Dr. Silver is a renowned expert in Physical Medicine and Rehabilitation, which is Physiatry and Assistant Professor at Harvard Medical School in the Department of Physical Medicine and Rehabilitation. She is an award-winning writer and an author/editor of more than a dozen books, including a number of medical textbooks. Dr. Silver is also a breast cancer survivor. Most recently she is the author of the book After Cancer Treatment: Heal Faster, Better, Stronger. Our topic tonight is Healing After Breast Cancer Treatment, so we welcome Dr. Silver.

Dr. Julie Silver: Thank you Arline. It's a pleasure to be able to speak to your audience tonight. I prepared some comments on healing that really have to do with some of the basic components and also some of the most common questions I get answered, I get asked; I'm sorry. So in terms of the important issues and physical healing and I really focus on physical healing because I'm a rehabilitation doctor so

although emotional healing is extremely important and I always like to include that in what I talk about; what I'm really an expert on is physical healing because that's what I do. In fact, physical healing and emotional healing go hand-in-hand. The better you feel physically, the better you feel emotionally and vice versa. So they really tag team and help each other out a lot. It's really hard to feel emotionally good if physically you feel very tired and you're in pain and you can't do the things that you want to do. When it comes to physical healing there are some important things after cancer treatment that really are key and cancer is very unique in medicine in that many people, especially women who are diagnosed with breast cancer, go to their doctors and actually feel really great at the beginning of treatment. They may have had their cancer picked up on a mammogram or maybe they found a lump, but generally they feel really pretty good at the beginning of treatment and then the treatment actually makes them sicker and sicker until literally they're probably sicker than they've ever been and then the treatment is finished. So that's kind of unique in medicine in general because, for instance, you had pneumonia you'd feel really bad. You'd have a high fever and you'd go to the doctor and the doctor would give you some medicine to make you better; so cancer is unique in that at the end of treatment you often feel much worse than you did at the beginning. Of course it's important to treat the cancer as aggressively as possible. For those of us who have been through treatment, generally we're thankful that there were treatments available.

So at the end of treatment when you're feeling tired and in pain and you're deconditioned, one thing that really seems to be very important is exercise and exercise in breast cancer has been shown to help prevent cancer in the first place. Those of us who have had breast cancer, and I exercised my whole life so it certainly doesn't work for everyone to prevent cancer, but it certainly is

something that has been shown to be helpful potentially in preventing breast cancer in the first place. It also seems to be helpful in some women and maybe helping prevent recurrence. That scientific research is still ongoing, but the early evidence is very suggestive that in some people exercise will be helpful in prevent recurrence and certainly exercise is helpful in healing and physically healing and getting your strength back, having more endurance and so on. So what I tell people, because exercise is such a confusing topic, I tell people that they're really five kinds of exercise, only two of which are usually important in breast cancer. The five different kinds are: Aerobic or cardiovascular, number one; strength training, number two; number three is flexibility or stretching; number four is sport-specific exercise, so that would be like shooting a basketball over and over and getting better at a specific sport; and number five is functional and that involves balance and coordination, for instance, after a stroke. So the first two, cardiovascular and strength training seem to be the most important. Sometimes, number three, the flexibility exercises are important, especially for instance after a mastectomy when a women needs to really improve the flexibility in her arm and improve the shoulder range of motion so that she doesn't have a rotator cuff problem or whatever. But in terms of really physically healing, the two kind of exercise that are important are cardiovascular and strength training. What people ask me is: How do I start? What I do? One of the best things to do is simply to start walking and what I recommend for my patients is to get a pedometer and just strap it to your belt and start counting how many steps a day you're taking. That's a great way to start because, number one, you're not even really starting to exercise in the beginning. All you're doing is recording how many steps a day you're taking right now already. That's really great to just sort of say, "Well I wonder how close I am to what the recommendations are, the formal recommendations for how many steps a day people should be taking.

The recommendation by the American College of Sports Medicine is 10,000 steps a day for active healthy people. What I recommend is that you record for a week how many steps a day you're taking and then you average those out and then you try to increase by 500 steps a day week-by-week until you get to 10,000. So each week you try to increase the average number of steps a day you're taking by 500. At some point it's worthwhile checking in with your primary care doctor or your oncologist to just be sure that the increased activity is safe for you, but most people can safely walk without any problems, exceptions include anyone with a serious heart or lung problem and occasionally people with metastases have to be careful of this. So that's usually a very safe way to begin to exercise and the 10,000 steps a day goal is very doable. People really enjoy using a pedometer and sort of gauging it. It's great feedback every night when you look at it and you can really see your progress and then soon you start feeling a lot better. So that's one of my first tips.

My second tip is to really look at your sleep. Fatigue is the number one complaint of someone who's been through breast cancer treatment. It's inevitable that people will get very tired after breast cancer treatment. So to improve the fatigue, the first thing to look at is how you're sleeping at night. If you're not sleeping well at night because you have hot flashes or because you're anxious and you have insomnia and you're getting up in the middle of the night or having trouble falling asleep at night or for any other reason, maybe you have pain, all kinds of reasons why your sleep may be thrown off, then talk to your doctor and really take a look at that, why you're not sleeping well because you'll never feel rested and feel energetic if you don't sleep that well at night. I mean it's just a given, absolute. Another thing I tell people is that usually after they're done with treatment, they're ready to give up naps and so taking naps during the

day often interferes with sleep at night, so after they're finished with treatment, giving up naps can be really helpful in terms of sleeping better at night. If fatigue persists and someone is really still very tired, then I recommend that they go to their doctor and have some kind of workup. The workup would probably include looking at things like whether they're anemic and whether maybe their thyroid function is off, perhaps they're depressed. There's a number of things that doctors can look at to see if there's some reason for their fatigue. Many cancer survivors just assume that they'll be very tired after treatment and that assumption in many cases is correct, but in some cases it's not. So you don't want to assume more than you have to in terms of a disability. You don't want to assume that you're going to be very tired for the next year or two years or five years or whatever without getting some kind of workup and making sure that there's not an underlying problem that can be easily treated. Another thing that I recommend in people who have persistent fatigue is to get a sleep study. This is a very objective test and certainly there may be problems such as sleep apnea or restless leg syndrome or something else that a sleep study can pick up and that's important. It's important to diagnose and treat underlying problems that cause fatigue rather than chalking everything up to cancer or cancer-related fatigue or post treatment fatigue, even though post treatment fatigue certainly is a big problem.

Tip number three is on diet. Cancer wreaks havoc with how we eat. The treatments can make us a nauseous, make us eat too much, makes us eat too little, don't eat the right things, all kinds of problems with diet when you're sitting there in the hospital all day long getting chemotherapy. It's hard to eat your usual diet and then certainly you don't feel very well afterwards so then it's hard to eat your regular diet there as well. So it's just easy to get your whole diet out

of whack when you're undergoing treatment. So a few things that I recommend are eat three small to medium meals a day with two good snacks. The reason I recommend is that to really keep your energy level up so that you're constantly having a food supply but you're not going to overeat as often because you're going to be looking forward to something to eat very shortly, so you don't need to be eating a lot at any given time. Keep your energy level up. Keep a diet high in protein that helps with healing and avoid stimulants, such as caffeine, which will give you a false sense of energy and then you'll sort of crash and also alcohol which tends to really zap your energy. One of the things that I want to clarify is the relationship between alcohol and breast cancer. One of my patients came in a couple of weeks ago and said, "I started drinking wine at dinner because I heard that alcohol is good for your health." In fact, alcohol when it comes to breast cancer is not very good. There seems to be an increased risk of breast cancer in people who drink regularly. So you certainly don't want to add alcohol to your diet if you haven't been drinking before. If you currently drink, then you do want to limit alcohol. It's very hard for anything, especially something like alcohol, to really have an affect if people drink once in awhile. It seems to be a problem when someone drinks regularly, consistently and in significant amount. It doesn't have to be, for instance, a whole six-pack but two or three beers or the equivalent every single night certainly could have an impact on somebody with respect to cancer.

Other things that I like to just tell cancer survivors, when it comes to healing is I like to mention pain. Most of the pain that people feel is musculoskeletal. That there certainly are times when someone has known metastasis and that's causing pain, but if you don't have known metastasis that's causing pain and you experience pain, chances are really good that it's not metastasis; it's not cancer

recurrence but it's musculoskeletal pain. So in order to assess this because all of us who've been through cancer have this cancer filter where every pain we get we instantly think: Oh, my cancer's back, and it's very scary and very worrisome kind of thought process that we go through repeatedly. So what I try to do is really educate people about what cancer pain feels like and what musculoskeletal pain feels like because usually they feel very different. If you think about a tumor, for instance, pressing on a part of someone's body, then that tumor is there all the time pressing all the time, it's unrelenting, very severe, constant. It's the kind of pain that wakes people up at night; it doesn't go away. It's very noticeable. Musculoskeletal pain on the other end is often intermittent, maybe somebody has a headache and then it goes away and then a week later they get the headache again or they have pain in their arm but only when they lift it overhead or they have pain that waxes and wanes. That's musculoskeletal pain. What I tell people is: If you have a persistent pain for two weeks or more, you should check with your doctor. But don't worry too much about it if it's intermittent because it's very unlikely to be cancer pain if it's intermittent. So that's just sort of a tip that hopefully will save people from worrying too much. Another thing that I talk about is just the fact that love and support can really be helpful in healing and yet when you go through cancer it's hard because, it's hard to feel really loveable and really reach out to other people when you're so sick and when you've been through such a harrowing experience and yet it's a really good thing to do. So as you're starting to heal, really try to reach out to other people and let them continue to reach out to you. Healing takes a long time when it comes to cancer. A woman came up to me and she said, "You know, it's been six weeks since I finished radiation treatment and I don't feel better; and I just don't know how long this is going to take." I would say, give it a year, two years, maybe even three years. It really can take a long time, which doesn't

mean that you won't start feeling better sooner than a year. It just means that there's probably still room to heal even after a year, so have a long-term view.

Setbacks, setbacks are normal. It happens to many, many, many cancer survivors. One of my colleagues at Harvard wrote about her breast cancer experience and she wrote that she had three lumpectomies, never had clean margins, ended up with a mastectomy and then a reconstruction procedure. One thing about setbacks that's really important is that they don't necessarily change your prognosis and that's important to keep in mind that healing has lots of setbacks usually. It's not a linear process in terms of you just get better, better, better, done. It doesn't work like that. So if you can anticipate that you probably will have some setbacks and that it won't necessarily change your outcome or your prognosis and sort of get that in your mind, then a lot of times it's easier to deal with when you have them.

Accepting a new normal: That's a big concept in cancer and I love that concept actually about accepting a new normal. I think that's really important to sort of adjust to whatever you have to adjust to. But what I tell people is before you accept a new normal, heal optimally. It's really important to do everything you can to heal optimally. Do not accept more disability, more fatigue, more pain, more decreased endurance than you have to. Try to heal optimally before you accept a lower level than you were previously. Certainly you have to accept however your body heals and when you're done healing and so on, if you have scars or whatever it is, you have to accept that. It's just part of the process. But don't accept more pain, more disability than you have to. That's really, really important.

And finally, one of the things that I tell my patients is that healing is really a gift that you give yourself and the people that you love so that if you take the time to heal, if you work at healing, if you carve out time in your life to heal, it's a gift to you and it's a gift to everyone who cares about you. The stronger you feel, the more optimistic, the better you're able to heal, the better everyone around you lives are. So that's really important to just think about that, that taking the time to heal really is a gift you give yourself and everyone around you.

I'd be happy to answer questions at this point.

Maryann:

Hi. Thank you very much for taking my question. **I'd like to know if you could tell me what you consider are some of the after effects of chemo and radiation, and I'm not talking about right afterwards, the nausea or burning or anything like that. I'm talking about more like in the weeks and the months that come after that, what are the actual after effects that you physically feel?**

Dr. Julie Silver:

From their research studies most people complain of fatigue for quite a long time afterwards and there is this concept of cancer-related fatigue that can be quite profound and can last quite a long time after cancer treatment. Another thing that people complain about, especially woman with breast cancer, is they complain about pain. A lot of that pain is musculoskeletal. They'll complain about tightness under their arm. They may have shoulder pain, neck pain and so on. Again, much of that pain is musculoskeletal and can be treated appropriately with physical therapy and so on. A third thing that people complain about is just being deconditioned. They feel short of breath. They're tired. It's hard for them to

walk. I like people to kind of distinguish between cognitive fatigue and physical fatigue, so physical fatigue is really like you have trouble doing your normal activities. You're exhausted; you're out of breath. Whereas cognitive fatigue and what some people have been calling chemo brain is really where you're having trouble with your memory and concentration and things like that. Again, if someone is tired, the things that I really recommend are making sure you sleep well, making sure you exercise and making sure that you're fueling your body with food appropriately.

Maryann: **What about, when you talk about fatigue, that's not a problem that I've had, but what about swelling? Have you heard after effects of like hand swelling, feet swelling and not lymphedema but just swelling?**

Dr. Julie Silver: Oh yeah, absolutely, people can have swelling after treatment for a lot of different reasons. So I mean if you do have swelling then you should talk to your doctor about it.

Maryann: Okay, thank you very much.

Operator: *Our next question comes from Marcia from California; please go ahead.*

Marcia: **I'm terribly sorry. I tuned in late and I just wanted to know, what was the first tip that you gave?**

Dr. Julie Silver: The first tip was on exercise and the crux of that tip was really to get a pedometer and to start counting how many steps a day you take and then to aim for 10,000 steps a day. The way to get to 10,000 is to increase the number of steps a day

you take by 500 steps every week. So if you start out at 2,000 steps a day for the first week on average, then the next week you try to aim for 2,500 and the week after that you try to aim for 3,000, the week after that 3,500. I hope that helps.

Marsha: Very much. Thank you very much.

Operator: *Our next question comes from Lee from Maryland; please go ahead.*

Lee: **I have lymphedema and I haven't been able to get treatment that really helps me that well and because another thing is they only give me, Medicare only allows me to get so many treatments anyway, so I guess that's what it is. I don't always continue too well on my own. But my arm varies, some days I don't have any pain in it hardly at all and other days it just swells more and it really hurts and then I feel pain in my breast itself that I had taken off and I don't know whether that's from the lymphedema or if it's from the breast. It's been almost three years for me, excuse me, and I just really worry though. I'm relieved that you said that we can have that pain from other reasons because I've been worried that that's the next thing that's going to happen is it's recurring or something.**

Dr. Julie Silver: So that's a great question and that's a really great point. I'm sorry that you're dealing with lymphedema. But that's a really good point to basically say, "Look some days I don't have that much swelling. My arm doesn't bother me that much and I don't have any pain in my chest or near my breast where I had a mastectomy. That intermittent kind of pain is not typically recurrent. I mean I'm not telling you not to follow-up with your doctor because if you're worried about it

you should follow-up with your doctor. What I am telling is that I would be very surprised if that was anything to worry about.

Lee: Oh, I feel so much better because, as I said, it comes and goes and it's just really, it's scary because you do get more frightened when something like that happens. So I just feel relieved to know that I'm not alone in this.

Dr. Julie Silver: Well I'm glad and I think having some perspective is really helpful. If you ever have pain that's very persistent, then you should really check it with your doctor, but that intermittent kind of pain that goes and only comes once in awhile, that really isn't usually something to worry about.

Lee: **Well I can ask you one more question too?**

Dr. Julie Silver: Sure.

Lee: **I have a lot of swelling in my chest area itself, even sometimes more than in my arm from where the, I guess it's the stuff backing up in my chest area, and it's so bad that I don't even have a waistline. It's really hard for me to find clothes that fit or anything because I'm big in the middle so that my proportions for normal clothing is really way out there. Most people don't have a big waist like this. They either have a, they're either big in the waist but they're still proportioned like in their breast or in their hips, but mine is all in the stomach and chest cavity.**

Dr. Julie Silver: So what's your question for me?

Lee: **My question is they said that there's a compression bra that you could purchase, but they're very expensive. I've tried even putting other kind of bras on to try to hold that in. But I'm... My question is: I wonder if that there swelling that I'm experiencing could be also part of the lymphedema or could it be from the breast (inaudible)?**

Dr. Julie Silver: It probably is from the lymphedema and you certainly can have swelling around that whole area when the lymph fluid gets back up. One suggestion I have, I know you've had treatment before, but you might want to try a different place and a different therapist. Physical therapists are generally the ones who treat lymphoedema. They have to be certified and their skill level can vary.

Lee: Oh okay.

Dr. Julie Silver: So it's important if you've only been to one place or only had maybe one or two different people work on you, try someplace else and see if maybe they can be more helpful.

Lee: Okay, well I appreciate that. Thank you so much.

Operator: Our next question comes from Jeanette from Connecticut; please go ahead.

Jeanette: **I'm going to be finishing my radiation treatments and starting tomorrow and you were talking about, once you're done with the treatments, I've been through chemo and radiation is almost done, you get the fatigue. But some of the side affects from Femara are talking about possible fatigue and**

skeletal pain. So is this going to be added more than what normally people would go through that wouldn't have to be on this type of drug?

Dr. Julie Silver: Well that's a good question and certainly most women after breast cancer treatment acutely go on some sort of long-term treatment. What I tell people is side effects from any medication are simply potential side effects. They're not real side effects unless you experience them. So you may take Femara and have no problems at all, so you may be worrying needlessly. On the other hand, I mean it's good to be educated about things and sort of say, "All right, if I start having some aches and pains, I'll know that perhaps it's due to the Femara." I wouldn't worry about anything that you don't have. Sometimes people do need to switch medications because they really don't tolerate side effects. That's true of every single medication that we give people. Some people don't tolerate the side effects so we have to make different treatment decisions.

Jeanette: **Is it better to wait two weeks after the radiation is done before I would start on the Femara or is it something I could start on right away?**

Dr. Julie Silver: I really let oncologists make those calls. I would check with your oncologist. Your oncologist will give you good advice about that.

Jeanette: Thank you.

Operator: Our next question comes from Linda from Missouri; please go ahead.

Linda: Hello. Thank you for answering these questions today. Mine actually relates to the previous caller's question. For many women who have had positive

hormonal cancers that have now completed active treatment and are having to take for at least five years or even longer, the aromatase inhibitors or Tamoxifen, who do, in fact, experience these types of side effects. I'm wondering what the options are that we have to help cope with specifically the arthritic-type pains and discomforts as opposed to actually stopping or switching the medication? The reason I ask is because I've actually had two different primary breast cancers over the last seven years and I did go through some oral treatments with my first cancer in which I had some extensive arthritic reaction to the hormonals, and after stopping those for a period of time, those symptoms went away completely. Now that I'm back on again with the second cancer, I don't feel I have an option to go off of the hormonal medications. I've tried three of the different aromatase inhibitors with the same kinds of effects and with...

(Cross talk)

Dr. Julie Silver: That's a good question to basically say, "What happens when you don't have an option? What do you do?" There's a number of things that I recommend for people. Number one is that the more people tend to exercise and the stronger they are, they tend to have less pain. The second thing is that sometimes, and I really try to work with the oncologist to make sure that the oncologist is okay with different recommendations and the different medications that people are on, but sometimes people chase pain. What I mean by that is that they wait until they're really uncomfortable and then they try taking something like Tylenol or Advil or whatever and it doesn't really work very well. They say, "You know, I've tried these over-the-counter medications or these different even prescriptions, Tramadol or something like that, that the doctor orders and they don't work." What I say is: If you're experiencing pain and you know it's going to come at

whatever in the afternoon, try taking medication early in the day and get ahead of the pain and don't chase it and a lot of times that's all you need to do is just take medication earlier in the day and you'll feel a lot better.

Linda: **Do you have an opinion regarding the Chondroitin Glucosamine as far as a daily regimen of taking something which has sort of anecdotally been said to help with joint discomfort?**

Dr. Julie Silver: I let people try that. It is... There is some evidence to suggest that maybe it's helpful. I'm not sure that it's going to be helpful in the aromatase inhibitors. It seems like maybe it's helpful in osteoarthritis, which is a different problem. But I let people try it usually and just see if they have any improvement in their symptoms. I usually don't warn them against it but I'm not really gung-ho about it. I'd much rather see someone exercise and really work at that.

Linda: Well the advice about taking something in preparation or prior to the pain becoming so severe, I'm sure is a good one that we could probably nip it in the bud a little easier that way.

Dr. Julie Silver: Yeah, I think that really tends to work. It doesn't work for everyone, but I think that a lot of times people are surprised that if they take pain medication early, they just never experience the kind of pain that's really disabling.

Linda: I appreciate your input. Thank you very much.

Operator: *Our next question from Claire from Nevada; please go ahead.*

Claire: Hi: **Have you had any experience with a timed release Ritalin for the combination of chronic fatigue and chemo brain? They just put me on it at UCLA and it absolutely transformed me after ten years of chronic fatigue and chemo brain. My brain now works a lot better and I'm now up during the day and sleep well at night. I don't know what your experience with that is.**

Dr. Julie Silver: Well that's great. We do use Ritalin in a number of different conditions. We use it sometimes with head injuries. Certainly Ritalin is used in kids and adults who have ADD and it is a drug that we know can help sometimes with concentration and attention and things like that. So it's perfectly reasonable to try something like that in someone who's been worked up appropriately for other causes of fatigue, making sure that there's no other reason why you're fatigued that's going untreated, for instance, a thyroid problem or something like that. But I think that's a perfectly reasonable thing to do and I'm glad that it's helped you. That's terrific.

Claire: Yeah, and it helped with the chemobrain also.

Claire: But I did have a bone marrow transplant, so I'm probably a little more severe. Thank you.

Operator: Our next question comes from Carolyn; please go ahead.

Carolyn: Hi Doctor. **I really appreciate what you've been talking to us about. This is very important. One thing I wanted to ask you is about pain specialists. Do you feel that that is a valid thing to suggest? I know they may not exist in**

really small communities but I think most places where people are being treated for breast cancer there would be a pain specialist and when they sort of tried everything else with their surgeons and oncologists, is that something that you would recommend?

Dr. Julie Silver: It is and let me just explain the different kinds of pain specialists that there are. So doctors, in my specialty, Physical Medicine and Rehabilitation, we're medical doctors and we are often called the pain doctors because we treat so much pain. So Physiatrist, which is the kind of doctor that I am, are really great, great resources for pain medicine and you can find physiatrist in your area by going to the American Academy of Physical Medicine and Rehabilitation website, which is www.aapmr.org. That's American Academy of Physical Medicine and Rehabilitation. There are other pain specialists, and, again, I recommend you always start with a doctor, a medical doctor (inaudible) pain specialist.

Dr. Julie Silver: So the other kinds of pain specialists are often interventional specialists which sometimes they're radiologists and sometimes they're anesthesiologists that do a lot of injections, those spinal injections and things like that. Those are other pain specialists. And then finally some primary care doctors really specialize in treating pain patients and have special expertise in pain medicine or maybe done a fellowship in pain medicine. As you said, there may be pain specialists at your cancer center or within your community so that, those are all good resources. Talk to your primary care doctor and say, "Who in my community is a pain specialist?" So thank you for that.

Operator: *Our next question comes from Debbie from Montana; please go ahead.*

Debbie: **Hi. Yes, it kind of goes back to the very first question. It's been three years and I find I still, my energy level is still not what it used to be. Is that normal and will that go away or is it something I need to adjust myself to?**

Dr. Julie Silver: Well that's a great question. So I would ask you, and without trying to specifically treat you, what I would say is: Answer the three questions that I talked about. Number one, are you exercising regularly? Number two, are you sleeping well at night? Number three, are you eating a really good diet that really helps with your energy? If you say "yes" to all of those things, then the next thing I would say is: "Okay, is your thyroid working properly? Are you anemic? Is there some other reason?" If you've been worked up for all of those things and you've had a sleep study, then I would say, "This is probably as good as it's going to get and so you can certainly try some different things to help with your fatigue level that your doctor may suggest. But I wouldn't try anything until you're exercising regularly, sleeping really well, and eating a great diet and that you've looked at like your thyroid and whether you're anemic and so on.

Debbie: Okay, thank you.

Operator: *Our next question comes from Kathy from Mississippi; please go ahead.*

Kathy: **Yes, I think you've answered most of my questions because one of mine was that I wake up and I'm in pain and I usually go to sleep in pain and I feel like it's like an osteoarthritis and my oncologist wouldn't give me anything for this pain because he said I shouldn't be in pain. But I finally went to my general practitioner and he did give me something a little**

stronger and it has helped. I've also tried taking the, it wasn't, it was Adderall. I just tried that once and that seemed to help too. But I seem to, if I don't take anything or do anything like that, I seem to, it takes me all day to do one thing. I feel like taking a bath is like a big chore and I started chemo in '05, April '05, and had a mastectomy and HER2, but the doctor still has me on, because I complained about my joints hurting, he put me on Zometa every three months and I finished my major chemos this past August, but I'm still on Zometa and I'll take a thorough dose of it coming up pretty soon. Should I say something too? I really don't want to take that Zometa again because I feel like it's affecting the gums in my mouth.

Dr. Julie Silver:

I think that you brought up some good points, which is, number one, if you're struggling with pain, that you really want to go back to your doctor and whether it's your oncologist, your primary care doctor and tell them, "This is really affecting my quality of life. This is a big issue for me and while I may not have pain from cancer per se, it may not be due to metastases, this pain, what ever I'm experiencing whether it's arthritic kind of pain or whatever, is really affecting my quality of life and I need some help with it." The other thing that I would, the two things I would say is: Just try taking your pain medication earlier in the day so that you don't get behind the pain and the other thing is just make sure you really exercise regularly because the more you exercise, especially for arthritic kinds of pain, the stronger your muscles are, the more they protect your joints, so people just tend to have a lot less pain if they're strong.

Kathy:

Yes, and also I noticed I had swelling around my ankles and brown spots and I had them in August when I finished all my major chemos and a year of Herceptin and noticed the brown spots. But I thought it was from the

self-tanner and I would scrub it and scrub it, but now, but then it started, well now recently it's been swelling more, especially after I take the Zometa.

Dr. Julie Silver: Well any time you're not sure about something, talk to your doctor, show you're doctor, go back and say, "I'm just concerned about this. Can you tell me if this is normal or is something I should be worried about or whatever?" It doesn't sound worrisome, but you should talk to your doctor. Thanks for calling in.

Arline Kallick: We'll take our last question now.

Operator: *Our next question comes from Michelle from New York; please go ahead.*

Michelle: Yes, thank you. **I have a question regarding quality of sleep. I've been on Arimidex since January and one of the things that I started to re-experience that I thought I was passed are night sweats. It's leaving me very fatigued in the day and I know that sleep is very important. The question I have is: Do you have any suggestions about how to deal with the night sweats or is there anything that I can do in order to consistently sleep through the night?**

Dr. Julie Silver: Well there may be things you can do. I would talk to your oncologist. Sometimes people, doctors will try different medications to help with the night sweats. Some of the selective serotonin reuptake inhibitors, the antidepressant medications can actually help with night sweats and that is something that many oncologists feel very comfortable trying. So what I basically say is that usually there's some help. If you're not sleeping well, usually there's some help for that and that you really

want to go back to your doctor and tell your doctor, again, just like with the pain, “Look, this is really affecting my quality of life and I really need some help with this.” Doctors, it’s not that doctors don’t care that you’re tired, but a lot of times they’re, you need to sort of prod them to tell them, “This is really affecting my quality of life. I’d really feel a heck a lot better if I wasn’t so tired.” They have so many things to think about, sort of bring that to the top of the list and say, “Let’s talk about this. This is important to me.”

Michelle: Thank you very much.

Arline Kallick: This portion of our program will be over and everybody please hold on for the breakout sessions, but Dr. Silver, you answered the questions beautifully. You presented all the material very clearly, and I’m sure you’ll agree, you got some great questions.

Dr. Julie Silver: Absolutely. It was a pleasure. Thank you.

Arline Kallick: Well we’re so happy to have you and we wish you a good evening. Thank you so much.